discoverable cause, the attendant was in duty bound to advise an exploratory incision as soon as the patient's general condition began to fail, and under no circumstances should a patient be allowed to drift along until even the smallest operative procedure would necessarily be attended by very great danger.

These large stones do not pass into the gut through the common duct, but ulcerate their way through from the gall-bladder into the duodenum or colon after an adhesive inflammation has united the two. I operated upon a case some years ago where the gall-bladder had become adherent to the colon underneath. The adhesions had not been very strong, however, as several stones were found lying free in the peritoneal cavity just beside the opening between the gall-bladder and colon.

Although intestinal obstruction from gall-stone is generally caused by the stone blocking the lumen of the bowel, yet there are other ways in which the same result is brought about. There may be lighted up a localized peritonitis, leading to obstruction from paralysis of the intestinal wall. Again, obstruction may follow from bands, and fistulæ, the result of gall-stone ulceration.

Lastly, one or two cases have been successfully operated upon where the obstruction was found to be due to volvulus resulting from the violent irritation and irregular peristalsis due to the presence of a gall-stone.

Mayo Robson speaks highly of the value of extract of belladonna given in doses of gr. $\frac{1}{4}$ every four hours. This drug may be of value in conjunction with morphia, in favouring the passage of a stone, and again after operation, in aiding the restoration of function in a bowel that has been for some time over distended.